

STATE OF HAWAII—DEPARTMENT OF TAXATION  
**REQUEST FOR COPIES OF INCOME TAX RETURN**

Date: \_\_\_\_\_

**IMPORTANT:** Please read the instructions on the reverse side before completing this form.

**PLEASE PRINT**

1. Name of Taxpayer(s) as Shown on Tax Return	3. Social Security No./Federal Employer Identification No. (See instructions)
2. Current Name and Address <input type="checkbox"/> Check this box if this address is different from your most current tax return filed	4. Spouse's Social Security Number
	5. Tax form number (Form N-11, N-12, N-13, etc.)
Account Number ( <b>For office use only</b> )	6. Tax Year (Attach additional Forms L-72 if more than 3)
(A)	(A)
(B)	(B)
(C)	(C)
Telephone Number of Requestor:  Business: (        ) _____  Home: (        ) _____	7. (Check One) <input type="checkbox"/> Regular Copies  <input type="checkbox"/> Certified Copies

8. If copy of income tax return is to be mailed to someone else, enter that person's name and address:

I declare that I am either the taxpayer whose name is shown on line 1 or a person authorized to obtain the tax information requested. I am aware that based upon this form, the Department of Taxation will release the tax return requested to the person shown on line 8 (if applicable). The Department of Taxation has no control over what that person does with the information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**GOVERNMENT AGENCIES ONLY**

Name of Requestor : _____	(Check box) <input type="checkbox"/> Photocopy (IRS only) <input type="checkbox"/> Review Only
Department of Requestor: _____	
Mailing Address, if applicable: _____ _____ _____	Signature of Requestor's Supervisor: _____  Supervisory Investigator
Telephone Number: _____	
Date Picked Up: _____	
Signature Upon Pickup _____	

**OFFICE USE ONLY**

(For other than government agency requests)

**Photocopies**

Number of Pages: \_\_\_\_\_ x \$1.00 = \_\_\_\_\_

Number of Certified Copies: \_\_\_\_\_ x \$1.00 = \_\_\_\_\_

Date Picked Up: \_\_\_\_\_

Initials: \_\_\_\_\_

**Total Cost:**

\_\_\_\_\_

## INSTRUCTIONS

Use this form to request a copy of an income tax return.

If you are not the taxpayer shown in item 1, you must present documentation, such as a Form N-848, Power of Attorney, or a letter signed by the taxpayer, prior to receiving confidential taxpayer information. If the taxpayer is deceased, you must present enough evidence to establish that you are authorized to act for the taxpayer's estate.

Joint tax returns may be disclosed to either the husband or the wife. Only one signature is required. If your name has changed, sign your name as it appeared on the return requested, and also sign your current name. All requests must be signed by the taxpayer or duly authorized agent.

**Item 3** — For individuals, enter your social security number (e.g., 000-00-0000). For all other entities, enter your federal employer identification number (e.g., 00-0000000).

**Item 6** — Enter the year(s) of the tax return you are requesting. If requesting more than three documents, use additional Forms L-72. Returns which were filed before 1986 may not be available for making copies.

**Fee** — There are two fees which may be charged; a copying fee and a certification fee.

Copying Fee for Returns — One dollar for each page or side of a page reproduced (e.g., one two-sided document will cost one dollar for each side for a total of \$2.00).

Certification Fee — One dollar for each return certified.

**Item 8** — If you wish to have the requested income tax return copy sent to someone other than yourself such as your tax return preparer, enter that person's name and mailing address on this line.

**Where to file.** — Send completed Form(s) L-72 to the district tax office with which the original tax return was filed. You must use a separate form for each District Tax Office from which you are requesting copies.

**Note:** Processing of requests for copies of returns normally takes 15 working days. You will be mailed a bill when the copies are ready. The copies will be mailed after payment is received.

### OAHU DISTRICT OFFICE

P. O. Box 259  
Honolulu, Hawaii 96809-0259  
Telephone: 808-587-4242  
Toll-free: 1-800-222-3229

### HAWAII DISTRICT OFFICE

P. O. Box 833  
Hilo, Hawaii 96721-0833  
Toll-free: 1-800-222-3229

### MAUI DISTRICT OFFICE

P. O. Box 1169  
Wailuku, Hawaii 96793-6169  
Toll-free: 1-800-222-3229

### KAUAI DISTRICT OFFICE

3060 Eiwa Street, #105  
Lihue, Hawaii 96766-1889  
Toll-free: 1-800-222-3229